

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue N.W.
Washington, DC 20307-5001

WRAMC Pamphlet
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Medical Services
Walter Reed Inpatient Transfer

1. HISTORY. This is a new pamphlet designed to consolidate and clarify standard ward and unit transfer policies at Walter Reed Army Medical Center (WRAMC).

2. PURPOSE. To ensure that inpatients at Walter Reed Army Medical Center are treated in settings appropriate to their assessed clinical needs, it may be necessary to transfer patients from one nursing unit to another. In order to ensure continuity of care in all such situations, this policy establishes common transfer criteria and defines the responsibilities of caregivers when transferring previously admitted patients between hospital wards and/or units.

3. APPLICABILITY.

a. The physician caring for the patient will notify the charge nurse or the nurse caring for the patient of the intent to transfer to another unit. There will be physician-to-physician communication of intent to transfer to another service and nursing unit. The physician will also be responsible for calling the bed manager to notify of the intent to transfer and confirm bed availability.

b. Except in the case of a critically ill patient, the transferring nursing unit has the responsibility of notifying the patient's family of the transfer, to include location of the patient's new unit and telephone number. The physician will notify the family if the patient is seriously ill (SI) or very seriously ill (VSI).

c. The bed manager will contact the charge nurse of the gaining unit and give the patient's name, diagnosis, other necessary information, and the unit where the patient is currently assigned.

d. The charge nurse or nurse caring for the patient on the transferring unit will call and give report to the charge nurse on the receiving unit. Patients will not be sent to the receiving unit before that verbal nursing report is provided. The name of the individual receiving report will be documented in the transfer note.

e. The receiving unit staff will enter an order in Composite Health Care Systems (CHCS) assigning a bed and transferring the patient and will also call the Patient Admission and Disposition (PAD) office and notify them of the move.

4. DOCUMENTATION.

a. An order to transfer the patient will be written by the transferring provider.

b. When patients are transferred between teams of providers, transfer and acceptance progress notes are written by members of those teams.

c. The receiving provider team will rewrite all medication orders.

d. Transferring and receiving nurses will annotate transfer-out and nursing receiving-note templates in CIS.

5. PATIENT MOVEMENT.

a. The provider and nursing staff sending the patient to a new ward or unit are responsible for identifying and requesting all needed medical supplies, staff, and monitoring equipment needed during the transfer.

b. When a medically unstable patient or patient requiring cardiac monitoring is moved, a member of the provider team and a member of the nursing staff will accompany the patient.

c. All paper medical records or supporting medical materials, such as x-rays and out patient records will be transported with the patient.

d. Nursing personnel will take steps to ensure that all the patient's personal effects are transferred to the gaining unit.

e. Patients will not be routinely transferred between the hours of 0645-0715, 1445-1515, 1845–1915, and 2245–2315 during nursing change-of-shift reporting.

6. CLINICAL CRITERIA.

a. Prior to any transfer to a lower level of care, all patients must be deemed hemodynamically stable and no longer in need of Intensive Care Unit, step down care or physiological monitoring. Transfer is also based on level of acuity, complexity and frequency of a patient's nursing care needs, and criteria as outlined in ward Standard Operating Procedures (SOP) and scope of service.

b. At a minimum, all patients must have and be able to maintain a secure and patent airway.

c. For transfers to a higher level of care, additional guidelines are outlined in the Critical Care Nursing Section's policy entitled "Critical Care Nursing Section Admission, Discharge, and Triage" (LD1).

The proponent agency of the publication is the office of Deputy Commander for Clinical Services. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander Walter Reed Army Medical Center, ATTN: MCHL-DCCS, 6900 Georgia Avenue NW, Washington, DC, 20307-5001.

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